

09/065,308

● PRINTER RUSH ●
(PTO ASSISTANCE)

ReQuery

Application: 09/065,308	Examiner: Crow	GAU: 3764
From: MWD	Location: IDC FMF FDC	Date: 7/12/05

Tracking #: 01046560 Week Date: 1/29/04

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449		<input checked="" type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS		<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM		<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW		<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW		<input type="checkbox"/> Other
<input type="checkbox"/> DRW		
<input type="checkbox"/> OATH		
<input type="checkbox"/> 312		
<input checked="" type="checkbox"/> SPEC	4-23-98	

[RUSH] MESSAGE:

① Please rewrite continuing data paragraph within specification, so that it matches pip sheet exactly, including missing data & condition codes.

Thanks.

[XRUSH] RESPONSE:

see EXIN of 3-31-06.

INITIALS: DFO

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04



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Bib Data Sheet

CONFIRMATION NO. 7296

SERIAL NUMBER 09/065,308	FILING DATE 04/23/1998 RULE	CLASS 482	GROUP ART UNIT 3764	ATTORNEY DOCKET NO.
APPLICANTS JOSEPH D. MARESH, WEST LINN, OR;				
** CONTINUING DATA ***** This application is a CIP of 08/914,206 08/19/1997 PAT 5,897,463 which is a CON of 08/497,377 06/30/1995 PAT 5,707,321 This application 09/065,308 is a CIP of 09/030,133 02/25/1998 PAT 6,083,143 which is a CON of 08/535,566 09/28/1995 PAT 5,725,457 and claims benefit of 60/044,955 04/26/1997 and claims benefit of 60/044,957 04/26/1997 and claims benefit of 60/044,959 04/26/1997 and claims benefit of 60/044,961 04/26/1997 and claims benefit of 60/044,962 04/26/1997 and claims benefit of 60/044,963 04/26/1997 and claims benefit of 60/044,026 05/05/1997				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/21/1998				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OR	SHEETS DRAWING 41	TOTAL CLAIMS 9
Verified and Acknowledged	Examiner's Signature _____ Initials _____			INDEPENDENT CLAIMS 3
ADDRESS MARK A. KRULL P.O. BOX 7198 Bend, OR 97708				
TITLE EXERCISE METHODS AND APPARATUS				